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AUTHOR Frankford, Evelyn R.
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ABSTRACT

This program seeks to prevent adolescent pregnancy and childbearing through a community-based feminist social service program serving teenage girls. This DAWN program, Discovery and Awareness for Women Now, was initiated as a result of the Women's Movement which has had a serious and positive impact on the lives of most adult women. Yet, teenage girls, particularly the low-income girls in this local community, were virtually unaffected by these changes. Three major program goals have been: (1) to increase awareness, and to develop the skills for taking advantage of existing options for young women; (2) to develop more positive self-images; and (3) to become involved in activities that promote physical and mental well-being and expand social horizons. Activities, trips and sex education were provided in response to staff's perception of the girls' needs. The pregnancy prevention approach addresses the issues of control, decision-making and future orientation, so the girls will become responsible for their own lives. (Author/BMW)

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Community-Based Feminist Programming for Girls: An Approach to Pregnancy Prevention

by Evelyn R. Frankford, MSW, Consultant to the DAWN Program, Association of Lower East Side Settlements, New York, N.Y.*

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My task at this Section Meeting is to examine the issue of preventing adolescent pregnancy and childbearing from the perspective of a community-based feminist social service program serving teenage girls, the DAWN Program, which stands for Discovery and Awareness for Women Now.

I will describe that program and our activities, but first, I would like to situate DAWN in the context of an interpretation of the structure of teenagers' experience, both demographically and socially, to contrast this with the experience of adult women at this point in American history, and from there get to a description of the genesis of the DAWN Program - its implications for girls' programming as seen by a particular group of youth-serving agencies, the Lower East Side settlements.

It is fashionable at the moment to describe the teenage pregnancy situation as a disaster. I submit that such is not the case and that the data support the premise that:

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1. There has been an increase in numbers of teenage pregnancy in the past eight years, but the rate has in fact fallen, this in spite of the fact that larger numbers of teens are becoming sexually active at earlier ages.

2. The social phenomenon of teenage pregnancy is the result of a gap between traditional cultural and behavioral norms, and actual behavior that reflects a new technology.

3. Those girls who are becoming pregnant and carrying pregnancies to term are a particular sub-culture among teens, characterized, in addition to extreme youth, by a constellation of problems around the issue of future orientation, decision-making ability, and skill in exercising choice.

4. The specific and identifiable nature of the problem means that it is within our collective capacity to solve.

That increasing numbers of teenagers are having unmarried sexual intercourse is well documented. According to the Alan Guttmacher Institute's booklet, 11 Million Children, half of all American teenagers are sexually active and half of unmarried teen women will have had sexual intercourse by the time they are 19 years old.[1] This is not a new trend. It has been growing since the beginning of the nineteenth century and has been called by one historian, "one of the central phenomena of modern demographic history."[2] Since the advent of industrialization, unmarried sexual activity and illegitimate births have increased at a steady and consistent pace. What may be significant about the trends of the last decade is the paradox that as the technology to control births is more widely available, and presumably fuelling some of the increase in sexual activity, there is a tendency among segments of the population at risk to behave according to pre-birth control norms and to ignore the technology.

The statistics indicate that the major change in the birth rate is in girls aged 15 and younger. 11 Million Teenagers notes:

> Like U.S. fertility generally, teenage birthrates have declined since the beginning of the 1960's. But the decline has been restricted to older adolescents. Throughout the period, the birthrates among 18- and 19-year-olds and 20-24-year-olds have shown a parallel decline. Among girls 14-17, however, fertility did not decline. Among girls younger than 14, birthrates actually rose slightly, though still barely above the one per 1000 mark.[3]

That these births are largely out of wedlock is hardly surprising, given the increasing age of first marriage and a social trend to disparage marriage as an inevitable response to unplanned pregnancy.

Data compiled in a July 1978 report to the Governor by the New York State Department of Social Services substantiates the location of the phenomenon in the younger teen group.[4] In New York State in 1976, 1.6 million females between the ages of 10 and 20 produced 64,000 pregnancies, of which 31,000 resulted in live births and 33,000 in abortions. Of these pregnancies, 62,000 were to females aged 15 to 19 years, at a rate of 78 per 1000 for that age cohort. For females aged fifteen and under, there were 2000 pregnancies, from which 640 babies were born, of which 80% were out of wedlock.

The New York State report shows also that in fact there is a stabilizing of the pregnancy rates in both New York City and upstate counties for females between 15 and 19, while the dramatic increase has been in the under-15 group. For all counties except New York City, the rates for ages 15-19 have declined very slightly between 1972 and 1976, from 57.7/1000 to 56.4/1000. For New York City, for ages 15-19, the rates went up between 1972 and 1974, from 93.8/1000 to 115.7/1000 and have since stabilized at 114.5/1000 in 1976.

For females under 15 years of age, the absolute numbers of pregnancies,

live births, and abortions are much smaller, but the changes are far more dramatic. In 1976, the pregnancy rate was 4/1000 for New York City and almost 2/1000 for the remainder of the State. These changes represent a 23% increase for Upstate counties and an 11% increase for New York City since 1972. Increases in the birth and abortion rates have occurred in Upstate counties viewed as a whole. In New York City, the birth rate has been declining and the abortion rate increasing.

Wendy H. Baldwin highlights the national long-term trend by pointing out that rates of childbearing among 15-19-year-olds fell from 97.3/1000 to 58.7/1000 between 1957 and 1974. Because there were more American females between the ages of 10 and 19 in 1974 than in 1957, the actual numbers of childbearing do become significant. In addition, the correlation with illegitimacy appears greater because of the decline in teen marriages and changes in adoption practices. Baldwin cites data to show an increase in the birth rate only among whites aged 14 and 15.[5]

Zelnik and Kantner state that there has been an impressive increase in the use of contraception between 1971 and 1976, this in the context of an increase in premarital sexual activity.[6] Already in 1973, they had reported that only 11% of Blacks and 12% of whites have failed to use some method of contraception by age 19. On the other hand, they reported, 71% of 15-year-olds don't use contraception.[7]

These events are occurring among teenagers at a point in our history when something of enormous import has happened to adult women: they have achieved virtually complete fertility control, ie., they are having only the number of children they want and no more. This major social and physical change can be attributed first to the invention of the pill, and second to the availability of abortion, both of which have made 100% fertility control technologically possible. And, as Larry L. Bumpass has noted, with the advent of the post-pill society and

complete fertility control, the costs of motherhood must be evaluated without rationalization.[8] This means that no longer are women able to justify losing control over their lives with unwanted births; the social pressure is to control one's life by choosing if and when to bear children. The social norm is increasingly to disparage women whose childbearing is unplanned; jokes about "accidents" are fading from the scene.

This change in fertility control is accompanied by another major change in women's status: their increasing incorporation into the paid labor market. Women are working in greater numbers and in a greater variety of fields. These two phenomena, combined with social and political pressures, have resulted in a perception by women, indeed a reality, that they have options in life, that they can and should make choices about their work and personal lives, and that limiting themselves to the ascribed status that comes from their biological capacity to reproduee is insufficient.

Bumpass is convinced that the social expectation of fertility control will increase and that this will reinforce the socialization of young women into the changed behavior found among adult women. And indeed, as we have seen, most young women, teenagers included, are controlling their fertility. More of them are engaging in sexual activity at an earlier age, yet, overall, they do not reflect an increase in childbearing. There are sociodemographic components to this behavior: girls from upper-income and more educated families are more likely both to use contraceptions and to get abortions if contraception fails (or has not been used) than are girls from low-income and uneducated families; whites tend to get abortions, while Blacks tend to carry the pregnancies to term. (Simultaneously, both groups are marrying less.) Another sociodemographic feature of teenage pregnancy is that rates have remained fairly stable in small cities and towns, while they have increased in urban areas, e.g,, Upstate New York

counties vs, New York City.

We are thus able to locate the phenomenon of unplanned teenage pregnancy in a sub-culture of young (15 and below), poor, urban teens. To this profile, I add another constellation of factors: the girls who become pregnant in their teenage years are those lacking a sense of the future, unable to exercise choice in their lives, lacking skills in decision-making. Enmeshed in the passivity that accompanies their situation, these girls find pregnancy acceptable, even desirable, because it appears to be, and indeed for them is, the easiest route to adult status and self-worth.

The importance of motivation and futurity have been highlighted by numerous commentators on the problems of teenage childbearing. Harriet B. Presser, for example, upon finding that 40% of the respondants in one study said that they "didn't mind" becoming pregnant, concluded that "to alter motivation would require major social changes involving the early socialization of females, and the opportunities for women in the society."[9] Frank F. Furstenberg Jr., in his important study, cited the difficulties experienced by his subjects in actualizing their life plans; there was a tremendous gap between expectations and behavior.[10] John A. Bruce has also suggested that futurity - the ability to judge the present in terms of a perceived future - is a key concept, and states that "especially in a complex industrial culture, a lack of futurity can have profoundly negative consequences."[11]

This constellation of issues brings us to the intellectual underpinnings of the DAWN Program. It was not a clearly thought out thesis such as the above that stimulated the program in the beginning, but, as it turned out, our concerns and concept were fairly close. The genesis of DAWN was our assessment, in the settlements of the Lower East Side, that the women's movement had had a serious and positive impact on the lives of most adult women in this country: middle-class

and low-income women, Black and white. Self-determination, an increased job orientation, an eagerness to avail oneself of the technology for fertility control, all these had come to impact on adult women. Yet, teenage girls, particularly the minority low-income girls in our community, were virtually unaffected by these changes in the status of females in American society. At the same time, the settlements were concerned about the lack of programming for girls, since traditionally, settlements and community centers have emphasized services to boys.

From these two concerns was fashioned a proposal to foundations to develop a new kind of program for girls in the six agencies - Henry Street Settlement, University Settlement, Grand Street Settlement, Hamilton-Madison House, Educational Alliance and Chinatown Planning Council, under the auspices of the Association of Lower East Side Settlements. The first proposal asked for funds to try out an idea: creating a program that related aspects of the feminist movement to the needs of low-income minority girls. We did not know exactly what we wanted to do; we knew that we did not want to provide girls with traditional female activities such as cooking, sewing, dancing and "ladies auxiliary" roles vis-a-vis the boys' programs.

That was in 1975. Since then, we have clarified our conceptual approach and formulated a program of activities emphasizing certain topical activities that derive from it. The conceptual premise is structural: girls in poor communities such as ours get pregnant because of the structure of their lives; pregnancy is an adaptive response, the best option around, for teenagers who are faced with a poverty that appears unconquerable, with schools that don't provide them with life skills, with troubled family situations, with a world in which few if any people provide role models for work and successful coping with life and where making decisions about one's own life is virtually unknown. Compounding the teenager's standard problem of not experiencing control over one's life is the additional

burden of not being taught the most rudimentary skills to assume control at some later point in life, indeed of social reinforcement that one cannot exercise control over one's life. Thus, we came to view our girls' experiences as substantially different from those of most American adult women, whose increased competence and involvement in the world has generally been accepted as a principal factor in their increased eagerness for fertility control and reduced childbearing. And we concluded that the DAWN Program's distinctive objective should be to translate feminist insights into a program of supplementary services useful to a traditionally passive pre-teen and teen minority-group population.

Although the program's emphasis has varied from year to year and the different settlements' programs differ from each other, three major goals have unified DAWN during its history:

1. To increase awareness of and the skills to take advantage of existing options for young women.
2. To develop more positive self-images in the young women.
3. To engage these young women in activities that promote physical and mental well-being and which expand social horizons.

The difficult part of developing the DAWN Program was creating specific activities that would actualize these goals. On the one hand, the girls themselves requested fairly traditional activities, indluding the cooking and "ladies auxiliary" programs we wanted to get away from. On the other, the staff, made up largely of paraprofessionals and untrained people, lacked skills and experience in doing the kind of programming we were after.

Training programs for staff were conducted to help them become more skillful in translating into activities the goals of learning better decision-making and exercising choice. We brainstormed activities that would achieve these goals while still appealing to the girls' need for fun.

An activity that the girls considered great fun and that we considered untraditional and directed toward the program goals was the 10-year reunion developed by one of the settlements. In this activity, the girls pretended that they were returning to the settlement 10 years hence. At their "reunion" they talked about what the last ten years had been like for each of them. The reunion required a lot of planning, and these preparations served to build investment in the activity, as well as to develop skills. Before the event, each girl was given a questionnaire to fill out to describe her "life of the past 10 years" - family, job, education, hobbies, travel, personal anecdotes. As a group they prepared a magazine article about the "University Settlement 10-year Reunion." They sent invitations to themselves and then put up a "welcome" sign outside the settlement. By the day of the event the girls were very involved in the program. At the reunion, they each described themselves, based on their questionnaire. (At the first such event, we also had the good fortune to have a real reporter from the New York Times, who did an article on them.) This activity not only provided the girls with an opportunity to exercise their imaginations about their future lives, but provided both the girls and the staff with concrete information to work with to try to actualize their dreams.

Other activities that we thought up together, in response to staff's perceptions of the girls' needs were: making up TV commercials with men and women in traditional roles and with roles reversed, inviting women from the community, e.g., a local nurse, a policewoman, to talk about themselves, designing a group T-shirt (for group identity), cultural evenings about the various ethnic groups to which the girls belong, helping other groups such as senior citizens, and reviewing how to get part-time jobs.

At the same time, we concluded that traditional activities could be used to help the girls, if we kept our objectives clearly in mind. Thus, sports activities

such as dodgeball and volleyball could help the girls develop a sense of their competence, become more concerned with taking care of themselves physically, and learn to work with others to plan strategy and carry it out. I single out sports because this activity appealed greatly to the girls and was an important vehicle for implementing the overall program.

We found also that trips were of major importance to the girls. In fact, of all activities proposed or actually undertaken, trips were the favorite. The various settlements took the girls overnight to camp and to colleges, and on day trips to cultural programs such as the theater, dance, Statue of Liberty, restaurants. The trips were a tool to enlarge the girls' horizons not only in themselves, but because of the planning they required: making arrangements, raising needed funds, getting permission from parents, etc.

We did various direct sex education activities, such as using a film of a teenager's first pelvic exam as a tool for discussion with a young woman doctor. We also did direct educational/vocational activities, such as Career Day, to which were invited women in fields of interest to the girls, and arranging for individual girls to meet minority women at their workplaces.

In sum, our approach to pregnancy prevention has been to take a holistic view of the girls. Our intervention does not emphasize sex education or educational/vocational opportunities per se, nor do we moralize against sex. Our concern is to specifically address the issues of control, decision-making and future-orientation, so that the girls will be able to be responsible for their lives. We try to provide them with skills to buttress them in dealing with their families - with whom they are frequently in conflict, with the schools - from which they are alienated, with peer pressure - which establishes norms that they often don't want to adhere to. Recognizing that it is hard for individual girls to withstand the larger environment, the program has tried to provide substantive activities as an alternate environment to the street culture of getting high and hanging out.

Some brief information about the impact of the DAWN Program on the participants is in order. An Impact Evaluation of the Program was conducted this spring.[12] Although we did not have a 'before' study, we wanted to see, as best we could, what impact the DAWN Program had had. I will describe only three categories of the data collected.

The average age of the girls in the program was 15 years. Regarding sexual activity, pregnancy and contraception, comparisons with peers, using Zelnik and Kantner, revealed substantially greater knowledge about sexuality, less sexual experience, less pregnancy, and greater use of contraception among those who were sexually active. One item in the Evaluation questionnaire sought to establish the girls' knowledge about basic biological facts regarding menstruation, conception and pregnancy, to determine whether they had information to avoid risk-taking. The mean score for the sample in this five-item True or False questionnaire was three. Thirteen per cent of the sample had all the items correct. Regarding their own sexual experience, 77% responded that they had never had sexual intercourse. Our data on the respondants' use of birth control are a bit confusing because five girls who denied being sexually active responded that they used birth control. Nevertheless, we extrapolated from our statistics to conclude that between 33% and 43% of the sexually active were using some form of contraception, which is slightly higher than Zelnik and Kantner's figure of 29%.

Regarding knowledge of most effective birth control methods, 65% of the sample identified correctly the most effective methods. Eighty-two per cent of the girls responded that at least a few of the girls they knew who had intercourse got pregnant. Only 5% of the respondants indicated that they themselves had ever been pregnant (all had abortions). Eighty-one per cent of the respondants indicated that they knew where to go to obtain contraception.

Secondly, the Evaluation sought to establish the impact of the DAWN Program

in terms of the girls' vocational aspirations. In one item, rankings were obtained of motivations. The top three were:

1. A pleasant home and family life.
2. Doing something to make this a better world.
3. A secure job.

In another item, the occupations to which the girls aspire were requested. Seventy-one per cent of the girls chose traditional female occupations: teacher, nurse, secretary, model, social worker. Forty-six percent of the occupations chosen were of professional status. In yet another item, the girls were given a hypothetical dilemma regarding priority of family life or career. Ninety-seven per cent of the responses chose establishing a woman's career before starting a family. Later on, in the item asking number of children wanted in a family, the average number of children wanted was 2.4, which contrasts significantly with the size of families from which they come.

Third, the Impact Evaluation tested for personality aspects, in particular sense of control, leadership status, and self-concept. The majority of respondants identified themselves more with statements indicating internal control of circumstances. Thirty-three per cent of the respondants indicated a positive change in leadership status. The population tested has a significantly higher self-concept than most high school and junior high students, more closely approximating that of adults. The self-concept scores were derived from a shortened version of the Tennessee Self-Concept scale, with an adjustment made for calculations for teenagers instead of adults. Even though this shortening and adjustment may have created distortions in the results, nevertheless it is still remarkable that a group of urban poor minority girls have such high self-esteem as they report.

We would not want to claim that the DAWN Program is solely responsible for this impressive showing. First of all, the study did not measure the girls before

they participated in the program, so that we don't know how many came to us already fairly advanced in these areas. Second, our recruitment methods were based on self-selection, so that one can assume that DAWN Program participants were already motivated to look for something extra in their lives.

Nevertheless, we feel that we have sufficient information to support our premise that a community-based feminist program with a holistic approach to teenage girls is able to enhance these girls' sense of control over their lives, and that one by-product of this control is capacity to avoid pregnancy. Our experience convinces us that helping the girls develop skills in decision-making, making choices, conceptualizing the future, spells the difference between their simply knowing the facts about contraception and their actually using the technology in their lives. There are, to be sure, some girls whose sole need is access to actual physical care and we would agree with those who advocate that programs such as DAWN can help teens by providing easy access to birth control and abortion. But, for others, such as the very young, urban, poor, the medical services will be effective only if they are a component of a larger program of personal assistance, and this group is our special concern.

What then are the implications for family policy and program? What structures must be altered to enable these girls to participate in the mainstream?

Several levels of intervention are possible. I noted above the significant changes in adult women's lives and the impact of these changes on fertility control behavior. We must address ourselves to increasing even more the opportunities, especially for employment, for women. Social and political pressure must be applied to make sure that the gains in women's employment status are maintained and enhanced. Obviously without real jobs available to women, programs such as DAWN hold out a false promise, as choice cannot be exercised in a vacuum. Simultaneously, complementary programs that support domestic life must be greatly

increased. / Day care is a prime need for the children that families do choose to have; so are housing and health care.

Another intervention is to creatively serve young women in community-based programs that recognize the structure of their experiences. These programs should help them acquire the life skills they need to take advantage of those employment and leadership options that society creates. They must provide an alternative environment that supports the girls' aspirations and future orientation.

The world has changed a great deal for women in the last decade or so. In response to changed conditions, they - we - have changed important parts of our value system. We have substantially altered our work expectations, our fertility expectations and behavior, our family structures, and consequently our vision of what our lives will be like. Many teenage girls already reflect these changed patterns also, and thus, although they may be sexually active, are using the available technology to limit their childbearing.

But, as we have seen, there is a particular sub-culture of teens, largely poor and living in densely urban areas, characterized by extreme youth and a constellation of problems that inhibit their future orientation and decision-making, whose practices do not reflect women's changed possibilities. They constitute the real teenagers-at-risk in terms of the problems of early pregnancy and childbearing. It really is not so utopian to expect that we as a society can help this group to join us in enjoying the fruits of these changes.

Notes

1 The Alan Guttmacher Institute, 11 Million Teenagers, Planned Parenthood Federation of America, Inc., 1976.

2 Edward W. Shorter, The Making of the Modern Family (New York: Harper Colophon Books), 1977. Shorter's entire Chapter Three, "The Two Sexual Revolutions," is devoted to describing these demographic trends.

3 Op. Cit., p. 12.

4 New York State Department of Social Services, Teenage Pregnancy in New York State: A Report to Governor Hugh L. Carey, Albany, N.Y., July 1978.

5 Wendy H. Baldwin, "Adolescent Pregnancy and Childbearing - Growing Concern for Americans," Population Bulletin, Vol. 31, No. 2 (Population Reference Bureau, Inc., Washington D.C.) 1976.

Percentage Change in Birth Rate 1970-1974

	Age					
Race	14	15	16	17	18	19
White	+14	+7	0	-10	-19	-25
Black	- 4	-8	-10	-14	-18	-21

6 M. Zelnik & J.F. Kantner, "First-Pregnancies to Women Aged 15-19: 1976 & 1971," Family Planning Perspectives. Vol. 10, No. 1, Jan/Feb. 1978.

7 J.F. Kantner & M. Zelnik, "Contraception and Pregnancy: Experience of Young Unmarried Women in the U.S.," Family Planning Perspectives, Vol. 5, No. 1, Winter 1973.

8 Larry L. Bumpass, "Is Low Fertility Here to Stay?" Family Planning Perspectives. Vol. 5, No. 2, Spring 1973.

9 Harriet B. Presser, "Early Motherhood: Ignorance or Bliss?" Family Planning Perspectives, Vol. 6, No. 1, Winter 1974.

10 Frank F. Furstenberg Jr., "The Social Consequences of Teenage Parenthood," Family Planning Perspectives, Vol. 8, No. 4, July/August 1976.

11 John A. Bruce, "Adolescent Parents: A Special Case of the Unplanned Family," The Family Coordinator, Jan. 1978.

12 Hilda Blanco, "The DAWN Program: An Evaluation of Its Impact," Association of Lower East Side Settlements, Inc., New York, N.Y. (unpublished document) August 1978.